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To:			~ ^{/*} ເດ
	Division of Corporations		<i>₹</i> 3 —
	Fax Number	: (850)617-6381	APR NHA
From:		,	SS =
	Account Name	: LAZARUS CORPORATE FILING SERVICE	CE, INC. 🚍 🦳
	Account Number	: I20000000019	· '유 🛌
	Phone	: (305)552-5973	π. Ξ
	Fax Number	: (305)675-5944	95 49
•Enter 1	the email address	for this business entity to be a	used for future
ann	ual report maili	ngs. Enter only one email address	please.**
Ema	il Address:	<u> </u>	

FLORIDA PROFIT/NON PROFIT CORPORATION JUT INVESTMENT CORP

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$78.75

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Corporate Filing Menu

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ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE NAME: The name of the corporation is:	•		
JUT INVESTMENT CORP	· ·		
ARTICLE II PRINCIPAL OFFICE:			
The principal street address and mailing address is:		•	
5432 SW ZID STREET	-		
PLANTATION FL 33317	-		•
	-		
ARTICLE III SHARES: The number of shares of stock is: 500	•		
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:	12 12 13 14 14 15 16 16 16 16 16 16 16 16 16 16 16 16 16	19/	
JAVIER ADRIAN URTEAGA-DONGO	는 본론 	PR	
(PRES)	1355		i.
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	TAR TAR	ф —	C,
			
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRI	ess:		
The name and Florida street address (PO Box not acceptable) of the registered a	gent is:		
JULIO C. DE LOS RIOS			
2455 HOLLYWOOD BLYD, SUITE 211			
HOLLY. WOOD, FL 33020			
 -			
ARTICLE VI INCORPORATOR: The name and address of the Incorpor	ator is:		
JULIO C. DE LOS RIOS			
2455 HOLY WOOD BLUD, SUITE 211	·		
Hary4000, FC 33020	<u> </u>		

Required Signatures:

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Registered Agent

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Incomorator

Date

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